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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/851,132 05/09/2001 PAT 6,682,347 *gn*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2000-163408 05/31/2000 *gn*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/07/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>gn</i>	Initials		

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## TITLE

Capsule for dental restoration material

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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